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ABSTRACT

This report summarizes and interprets the results of the 1992 Colorado School Health Education Survey, which targets public secondary schools with grades 7 through 12. Results provide a basic sketch of the extent of HIV (Human Immunodeficiency Virus) prevention and health education being implemented in Colorado's secondary schools. The survey, mailed to a random sample of 288 of Colorado's secondary schools, resulted in 246 respondents. Figures display the numbers and percentages of schools providing HIV education, the numbers and percentages of students receiving HIV education, and the numbers and percentages of schools integrating HIV education into comprehensive health education. Results indicate that [illegible] Colorado's secondary schools provide some kind of HIV [illegible]on education in at least one grade. Between one-half and [illegible]ds of schools provide some kind of comprehensive health [illegible]n and HIV prevention education for students in at least one [illegible] grades 7 through 10. Evidence of progress toward program [illegible]tives is presented, and suggestions for future school health [illegible]ation surveys are discussed. (JDD)

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ED360295

COLORADO

School Health Education Survey

1992

REPORT

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COLORADO

School Health Education Survey

1992

REPORT

prepared for the
Colorado Department of Education

by

Research and Evaluation Program
Health Education Department
University of Utah

October 21, 1992

Colorado State Board of Education

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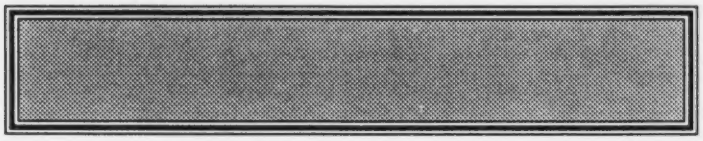

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- Closing the gaps between policy, research, and practice;
- Improving the quality of education for teachers, administrators, and librarians; and
- Enhancing lifelong learning through access to information, quality libraries, and adult literacy services.

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OVERVIEW

The Colorado Department of Education (CDE) HIV Education Project, through a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth agencies across the state in organizing and delivering effective HIV prevention and related health education programs.

CDE HIV Education program objectives address two main goals:

1. Increase the numbers and percentages of schools and students participating in effective HIV education within context of a comprehensive plan of school health education; and

2. Increase the numbers and percentages of youth-serving facilities and residents participating in effective HIV education.

CDE contracted with the University of Utah Research and Evaluation Program (survey team) to conduct two surveys:

1. ***1992 Colorado School Health Education Survey*** **- targeting public secondary schools with grades 7 through 12;** and

2. *1992 Colorado HIV Education Survey* - targeting facilities serving adolescents over the age of 12 in out-of-home placement, These facilities are operated by the Colorado Department of Social Services (for emotionally/behaviorally disturbed youth) and the Colorado Department of Institutions-Division of Youth Services (for adjudicated youth).

The survey instruments were approved for use in Colorado prior to fielding the surveys.

This report summarizes and interprets the results of the *1992 Colorado School Health Education Survey*. Results provide a basic sketch of the extent of HIV prevention and health education being implemented in Colorado's secondary schools. A separate report, designed for use by educators and personnel in youth-serving facilities, provides detailed information about the nature and extent of HIV prevention and health education being implemented in those facilities.

METHODS

To assess the extent to which public schools in Colorado provide instruction about HIV and AIDS within a comprehensive plan of health education, the survey team fielded the Colorado form of the CDC-sponsored survey instrument (attached) during Spring, 1992. School principals were asked whether formal HIV prevention education was provided at the various grade levels, whether instruction was separate or in the context of a comprehensive school health curriculum, and about the numbers of students participating in the instruction. Through the efforts of CDE HIV Education Project staff, the survey was approved for use by Colorado's Data Acquisition Review Committee (DARU).

Approximately three months prior to fielding the survey, the survey team obtained the Colorado public school directory and enrollment figures for all secondary schools. This information was used to update the Colorado sampling frame provided by Westat, Inc., the CDC national surveillance contractor. Once the sampling frame was updated, Westat statisticians were consulted to determine the sample size and configuration needed to collect representative Colorado data. A random sample of 288 secondary schools from the 498 schools in the sampling frame was needed to provide representative results. The survey team, utilizing Westat's PCSchool sampling protocol, drew a random sample of 288 schools and submitted the sample to Westat for verification and approval.

A computer data file system was developed to simplify correspondence with schools and maintain survey tracking information. To encourage a high rate of response, the survey team completed Question 2, *"How many students are enrolled?"* for each grade in each school prior to mailing the surveys. On April 21, 1992, surveys were mailed with a cover letter (attached) signed by William T. Randall, Commissioner of Education, State of Colorado, explaining the purpose of the survey and requesting cooperation and participation.

A seven-week period of mailings, gentle reminders, call-backs, and technical assistance was successful in attaining a rate of response which allowed results to be weighted statistically to represent all secondary schools in Colorado. Of the 288 schools surveyed, 246 (85.4%) completed and returned the survey.

Data were transcribed from completed survey instruments into Westat's computer file format and prepared for analysis. To ensure that Colorado data would be weightable, the survey team contacted 125 schools to complete empty cells in the Westat data configurations. All of these schools were successfully contacted.

Data analysis culminated in three reports. CDC's *HIV Education Survey Summary Forms* (attached) were developed for submission to CDC. A two-page document, *Is Colorado The Place for Healthy Kids?* (attached) was developed for use by principals, teachers, and parents in assessing health education programs in their schools. This report was developed to provide the CDE HIV Education Project with information to monitor progress toward program objectives and to assist educators in Colorado in planning effective programs.

RESULTS

Results are presented here for use by educators in Colorado to help focus the development of effective school-based HIV education and comprehensive health education programs. Evidence of progress toward program objectives is presented, and suggestions for future school health education surveys are discussed.

HIV Education Instruction

Background: Current health education research indicates that, at a minimum, effective HIV prevention education is characterized by continuing instruction throughout elementary, middle, and high school grades. Repeated exposure to health-related concepts and skills-building practice will enable students to successfully adopt the behaviors needed to avoid the most significant mortality, morbidity, disability, and social problems during both youth and adulthood.

Results: Figure 1 shows the numbers and percentages of Colorado public schools reporting having provided some kind of HIV education in grades seven through 12.

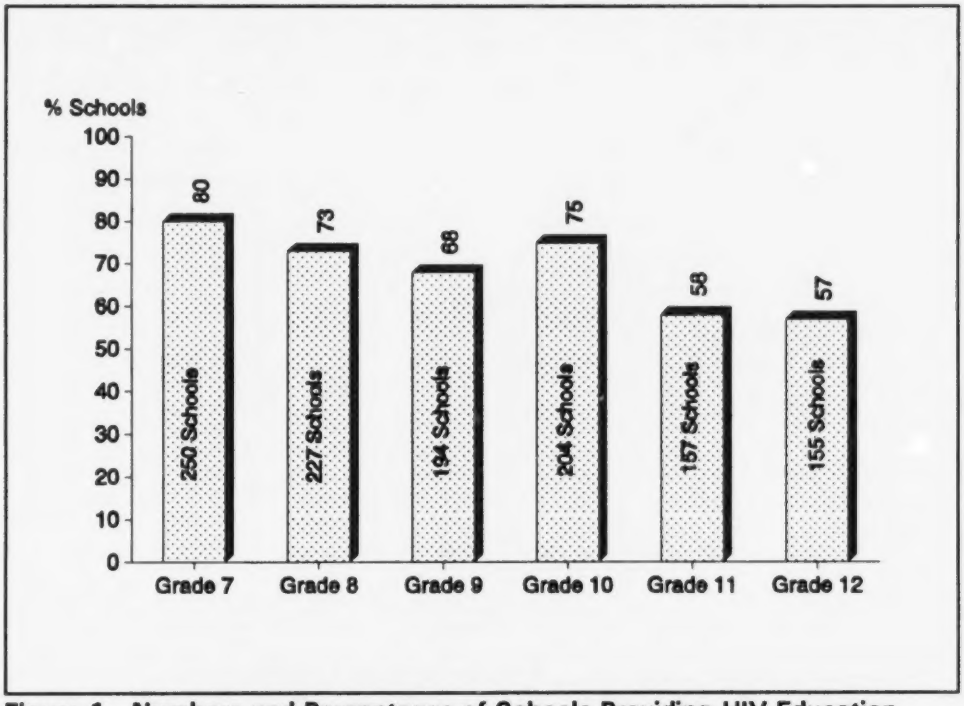

Figure 1. Numbers and Percentages of Schools Providing HIV Education

Figure 2 shows the numbers and percentages of students receiving HIV prevention education in grades 7 through 12.

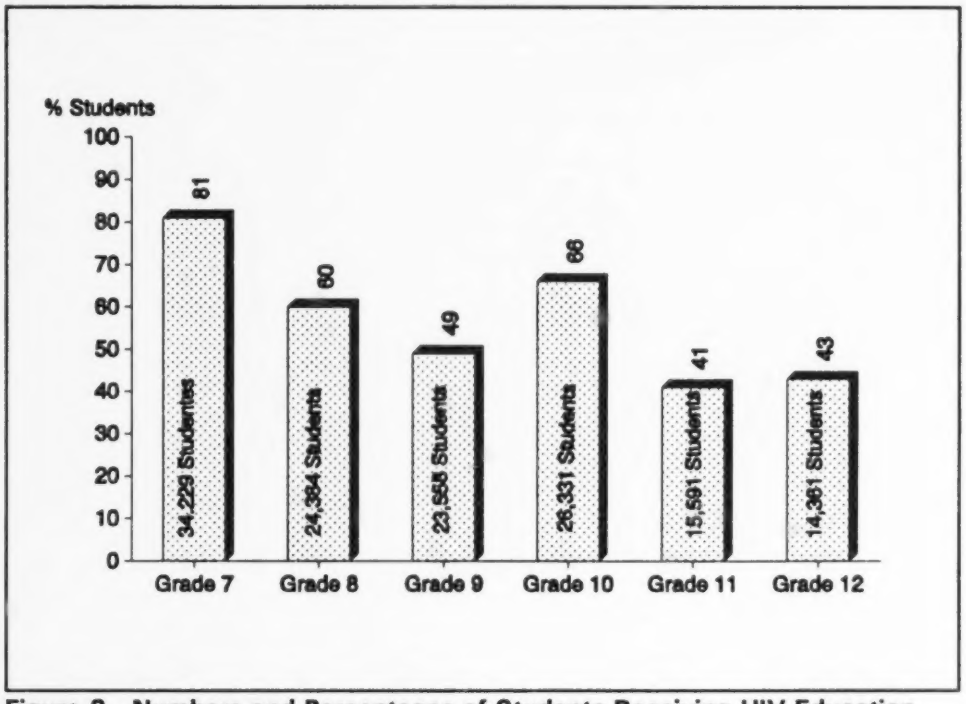

Figure 2. Numbers and Percentages of Students Receiving HIV Education

Summary: Results indicate that many of Colorado's secondary schools provide some kind of HIV prevention education in at least one grade. However, results of more detailed surveys in neighboring states indicated that while some type of HIV education is being provided, it does not always reflect the types of instruction that have been shown to be effective in reducing health risk behaviors. It is possible that while many of Colorado's schools do provide some kind of HIV education, this instruction may not reflect what is known about effective instruction.

Suggestion: *It would be useful to collect additional information about the nature and extent of HIV education in Colorado's schools. Such information as the time devoted to instruction in each grade, and the strategies utilized during instruction, could inform CDE in planning the state's future HIV education program development activities. These additional data could be collected economically, and would maximize CDE's current investments in surveillance activities.*

Health Education Instruction

Background: Effective education for any category of health risk behavior is best accomplished within a comprehensive health education program that emphasizes behavior change and the development of risk-reduction skills. Successful skills-based health education programs include the following elements:

- Address each of the priority health risk behaviors;
- Incorporate skills-based curricula based on appropriate theory;
- Provide for adequate instructional time;
- Provide repeated exposure throughout all grades in school;
- Coordinate school-wide health education; and
- Taught by persons who are adequately trained and interested in teaching about a variety of health topics.

In addition, skills-based teacher training and follow up, peer teacher assistants, parental support, and school-wide and community media programs are important elements of successful programs. According to Dr. Donald C. Iverson of the University of Colorado, such programs emphasize the development of skills and self-esteem, nurture social bonding to conventional units of socialization, and provide recognition and reinforcement for newly acquired skills and behaviors.

Effective school health education programs address:

- ☐ Injury prevention
- ☐ Tobacco use
- ☐ Alcohol and other drug use
- ☐ Sexual Behaviors
- ☐ HIV and other STD prevention
- ☐ Nutrition
- ☐ Physical fitness
- ☐ Emotional and mental health
- ☐ Personal hygiene
- ☐ Social and environmental health

Results: Figure 3 shows the numbers and percentages of schools reporting having provided HIV education within the context of a comprehensive program of school health education.

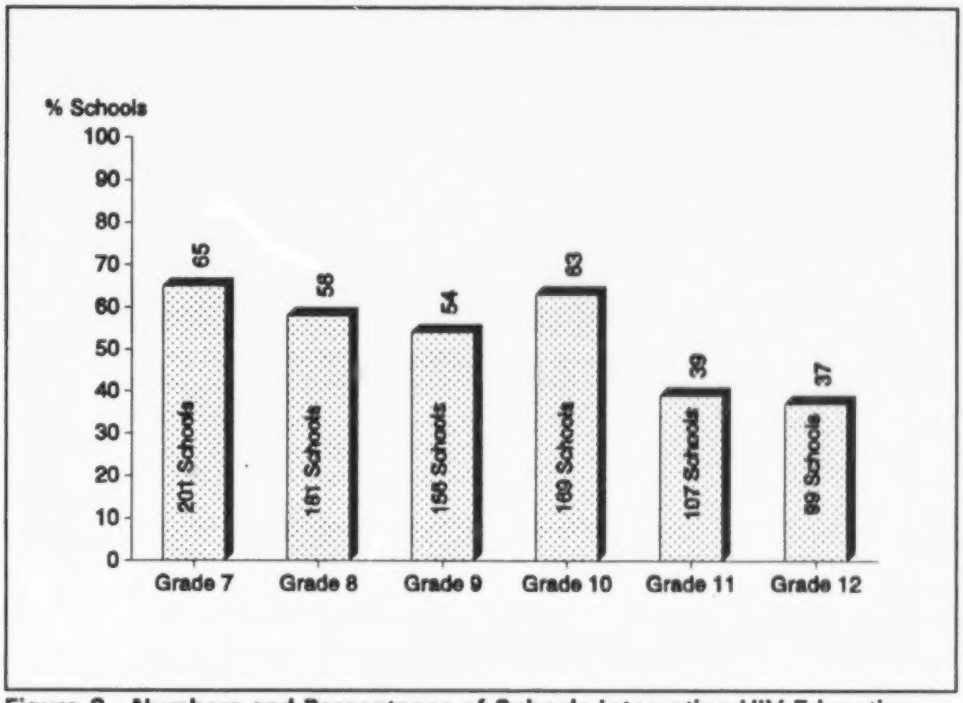

Figure 3. Numbers and Percentages of Schools Integrating HIV Education into Comprehensive Health Education

Summary: It appears that between one-half and two-thirds of secondary schools in Colorado provide some kind of comprehensive health education and HIV prevention education for students in at least one of the grades seven through 10. However, greater emphasis is needed on providing such education for students in grades 11 and 12.

Suggestion: *Again, it would be useful to collect additional information about the nature and extent of comprehensive health education provided in Colorado schools. The approved survey instrument does not provide CDE with information useful in developing and improving health education programs. Information about the length and types of instruction, the content areas addressed in the health education class, whether classes are taught by teachers trained to teach about HIV and AIDS, whether health education is coordinated in the school, and barriers to implementing effective programs would provide a clearer picture of the level of implementation and the needs of schools.*

Such information would assist CDE to focus future program resources and activities directly where the need is greatest. Additional data can be collected without additional school respondent burden, and could maximize CDE's current investments in surveillance.

PROGRESS IN MEETING OBJECTIVES

When measured against CDE HIV Education Project objectives related to Colorado secondary schools and students, results of the 1992 Colorado School Health Education Survey suggest progress is being made toward these objectives.

Objective One: To increase the number and percentage of secondary schools providing HIV education. By July 31, 1992, the number and percentage of middle, junior, and senior high schools that provide education will increase from **223 (73%) to 398 (80%).**

Survey Results: *Based on 227 (78.5%) affirmative responses from a random sample of 288 Colorado secondary schools, an estimate of the number and percentage of schools providing HIV education in at least one grade is* ***390 of 498 (78.5%).***

Objective Two: To increase the number and percentage of secondary students at each grade level who receive HIV education. By July 31, 1992, the number and percentage of middle, junior and senior high school students at each grade level who are receiving education about how to avoid becoming infected with HIV will be as follows:

	Objectives			*Survey Results*
7th Grade: from	**24,053 (60%)**	to	**28,813 (75%)**	**34,229 (81%)**
8th Grade: from	**18,738 (47%)**	to	**26,151 (70%)**	**24,384 (60%)**
9th Grade: from	**15,124 (37%)**	to	**22,524 (60%)**	**23,558 (49%)**
10th Grade: from	**14,619 (37%)**	to	**21,658 (60%)**	**26,331 (66%)**
11th Grade: from	**7,904 (20%)**	to	**16,624 (50%)**	**15,591 (41%)**
12th Grade: from	**7,082 (19%)**	to	**15,508 (50%)**	**14,361 (43%)**

Objective Three: To increase the number of schools that integrate HIV education into comprehensive health education programs. By July 31, 1992 the number and percentages of middle, junior and senior high schools integrating HIV education within comprehensive school health education will increase from **162 (33%) to 224 (40%).**

Survey Results: *Based on 200 (69.4%) affirmative responses from a random sample of 288 Colorado secondary schools, an estimate of the number and percentage of schools providing HIV education within comprehensive health education in at least one grade is* ***335 of 498 (69.4%).***

These results are promising, but do not ensure that students in Colorado schools are participating in effective HIV education and comprehensive health education instruction. The degree to which youth in Colorado continue to engage in behaviors that lead to the most serious health and social problems of youth and adulthood indicates that current efforts, both within and outside schools, are not as effective as the need dictates. While many factors operate to promote effective health education in schools, properly designed and implemented health education instruction is crucial to the well-being of Colorado's youth.